



#13

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

42390P5965

In re Application of Lance Hacking, et al.	
Application Number	Filed
09/122,349	7/24/1998
For	METHOD AND APPARATUS FOR PERFORMING CACHE SEGMENT FLUSH
Group Art Unit	Examiner
2186	Tran, D.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing Continued Prosecution Application (CPA) in the above identified application.

RECEIVED

NOV 20 2003

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|--|----------|
| <input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1)) | \$110.00 |
| <input type="checkbox"/> Two Months (37 CFR 1.17(a)(2)) | \$_____ |
| <input type="checkbox"/> Three Months (37 CFR 1.17(a)(3)) | \$_____ |
| <input type="checkbox"/> Four Months (37 CFR 1.17(a)(4)) | \$_____ |
| <input type="checkbox"/> Five Months (37 CFR 1.17(a)(5)) | \$_____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$55.00. | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number <u>02-2666</u> . I have enclosed a duplicate copy of the Fee Transmittal. | |

I am the applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- attorney or agent of record.
- attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a). 43,765.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

11-17-03

Date

(310) 207-3800

Telephone Number

Signature

Joseph Lutz

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

Based on PTO/SB/22 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wtr) 08/11/2003.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

11/20/2003 AWONDAF1 00000024 09122349

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